

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">10/754.733</div>	FILING DATE					
							APPLICANT(S)						
<div style="display: flex; justify-content: space-between;"> 1-804 57304 </div> CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	9						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-79)

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